527 CMR: BOARD OF FIRE PREVENTION REGULATIONS

4.03: continued

The Commonwealth of Massachusetts Department of Public Safety

527 CMR 4.00 - Form 1

Application for Permit, and Certificate of completion for the Installation or Alteration of Fuel Oil Burning Equipment and the Storage of Fuel Oil

| | Leominster | |
|--|--|--|
| | (City or Town) | (Date) |
| Permit #s: FD Elec | FDID#: 27-153 | Fee Paid: |
| Owner/Occupant Name: | | Tel #: |
| Installation Address: | Serviced Floor or Unit #: | |
| ☐ Heating Unit ☐ Domestic Water Heater Burner: ☐ New ☐ Existing Location: | | 1 |
| Trade Name: | Mfg: | |
| Type: Model # or Siz Fuel Oil Kerosene Waste oil Storage Tank: New Existing Locat | | |
| Type: Capacity: | Capacity: gals. No. of Tanks: | |
| Special requirements (or additional safety device | | |
| □OSV Valve □Oil line protected □Sheet Ro | ock Sprinkler AFUE: Sprin | : □no EF: □yes □no boilers) (Water heater) |
| Co. Name: | Tel # | |
| Address: | City: | Zip: |
| Completion Date: | | |
| Combustion Test: Gross Stack Temp.: | Net Stack Temp.: _ | |
| CO ² Test: | Breech Draft: | |
| Smoke: Overfire Draft: | Efficiency rating %: | Market Control of the |
| I, the undersigned certify that the installation of fuel burning equeurrently in effect. Furthermore, this installation has been tested complete instructions as to its use and maintenance have been furnis | in accordance with such requirements, is | now in proper operating condition and |
| Installer: Print Name | Cert of C= | Cimatura (Caral |
| Address: | • | Signature (no Stamp) |